

Banner Message

Title: Hospital Services/Cost Outlier Request

COS: 01

Dear Hospital Providers:

The address to submit a cost outlier request has been changed to:

Georgia Medical Care Foundation (GMCF)  
Cost Outlier Review  
1455 Lincoln Parkway East, Suite 700  
Atlanta, GA 30346-2200

The hospital must submit the following information with the request:

1. Itemized charges for admission.
2. Utilization review notes, physician's orders, physician therapy notes, inhalation therapy notes, occupational therapy notes, speech therapy notes and discharge summary.
3. Copies of all UB-92 claims on the admission.
4. Copies of all paid remittances on the admission.
5. Copies of the Medicare Explanation(s) of Benefits when the member is Medicare eligible.

If you have further questions, please contact Stacey Harris, Program Specialist, Hospital Services Unit at (404) 657-7187.

Sincerely,

Georgia Department of Community Health, Division of Medical Assistance